Name in Full: Jane M. Armstrong

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: North East; County: Cecil

Date of death: 1904; Month: Nov; Day: 23

Age: Years: 64; Months: 11; Days: 20

Sex: Female; Color or Race: White; Birthplace: Bucks Co Pa

Occupation: housekeeper; Where Residing if not at place of death:

Married, Single or Widowed: Widow; Name of Wife or Husband: Charles Armstrong

Father's Name: Josiah Reeder; Father's Birthplace: Bucks Co Pa

Mother's Maiden Name: Elizabeth J. Johnson; Mother's Birthplace: Bucks Co Pa

Name of person giving information: Samuel J. Reeder; How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic Brights Disease; How long: 5 years

Immediate: Pneumonia Lobar; How long: 2 weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas G. Miller

Address: North East Md R.F.D #1

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Henry Baker

CERTIFICATE OF DEATH

MARYLAND

Died in: Town N. Warwick; County Cecil

Date of death: Month Nov; Day 17; Year 1904; Age: Years 9; Months 0; Days 0

Sex:

Color or Race: White American

Birthplace: Eng Canada

Occupation: Nil

Where Residing if not at place of death: Near Bayard Md

~~Married~~, Single, ~~Widowed~~

Name of Wife or ~~Husband~~:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Baker

Father's Birthplace: Eng Canada

Mother's Maiden Name: Mary Ornet

Mother's Birthplace: Eng Canada

Name of person giving information: John Baker

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Exposure

How long: not Known

Immediate: Diphtheria

How long: 5 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J J Haught

Address: Warwick Md

~~Accident or Suicide~~?

LIBRARY BUREAU A88515

Name in Full: Thomas Blake

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Elkton — County: Cecil

Date of death: 1904 — Month: Nov — Day: 20

Age: Years: 5 7 ? 1 — Months: — Days: —

Sex: Male — Color or Race: Black — Birthplace: —

Occupation: Laborer — Where Residing If not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Emma Blake

Father's Name: — — Father's Birthplace

Mother's Maiden Name: — — Mother's Birthplace

Name of person giving In formation: — — How related to deceased

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Burnt by ~~Caustic~~ Alkali at — How long: 5 hours

Immediate: Radium mine — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. Arthur Mitchell M.D.

Address: Elkton Md

Accident

Accident or Suicide?

LIBRARY BUREAU A68816

Name in Full: Alexander Bond

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Near Port Deposit (County) Cecil

Date of death: Month June Day 9th 1904 Age: Years 70 Months — Days —

Sex: Male Color or Race: Colored Birthplace: Cecil Co

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Married Name of Wife or Husband: Mary A Bond

Father's Name: Peter Bond Father's Birthplace: —

Mother's Maiden Name: Leah Jones Mother's Birthplace: —

Name of person giving information: Mary A Bond How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis How long: 10 Months

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W C Jackson M D

Address: Blythedale Md

Accident or Suicide? No Physician in attendence

LIBRARY BUREAU A6881G

Name in Full: John T Boyd

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Port Deposit; County: Cecil

Date of death: Month: Nov; Day: 4th; 1904

Age: Years: 17; Months: ; Days:

Sex: Male

Color or Race: White

Birthplace: Port Deposit

Occupation:

Where Residing if not at place of death:

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Henry Boyd

Father's Birthplace: Cecil Co

Mother's Maiden Name: Belle Whitelock

Mother's Birthplace: " "

Name of person giving Information: Henry Boyd

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis

How long: 8 Mos -

Immediate: Cardiac Failure

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H. C. Donahoo

Address: Port Deposit Md.

Accident or Suicide?

LIBRARY BUREAU AB8016

Name in Full: Hester P. Brine

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Elkton Md — County: Cecil

Date of death: 1904 — Month: 11 — Day: 29

Age — Years: — Months: — Days: 4 hours

Sex: f — Color or Race: Black — Birthplace: Elkton

Occupation: — — Where Residing if not at place of death: —

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Charles A. Brine — Father's Birthplace:

Mother's Maiden Name: Annie White — Mother's Birthplace: Md

Name of person giving information: Fannie Brown — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: was not healthy - bled — How long:

Immediate: at nose and mouth — How long:

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: H. Custer Mitchell MD

Address: Elkton Md.

Accident or Suicide?

LIBRARY BUREAU A88516

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Cora L Brown

Died at: Town: Port Deposit; County:

Date of death: 1904 May 11; Age: Years 21, Months 11, Days —

Sex: Female; Color or Race: Colored; Birthplace: Anne Arundel

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: William E Brown; Father's Birthplace: Anne Arundel

Mother's Maiden Name: Cora E Brown; Mother's Birthplace: Anne Arundel

Name of person giving Information: Birth Brown; How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Phthisis; How long: 3 weeks

Immediate: Hemorrhage Pulmonis; How long: 27 Days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W E Allmon

Address: Port Deposit

Accident or Suicide?

LIBRARY BUREAU A68813

Name in Full: Thompson Brown

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Port Deposit — County: Cecil

Date of death: 1904 — Month: Nov — Day: 8 — Age: Years 68 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Penna

Occupation: Rollerman — Where Residing if not at place of death: Rowlandsville

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Lost Record — Father's Birthplace

Mother's Maiden Name: " " — Mother's Birthplace

Name of person giving information: J. H. Gutelius — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — How long: Quite a

Immediate: Exhaustion — How long: Quite a

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. G. Bishop M.D.

Address: Port Deposit, Md.

Accident or Suicide? No

LIBRARY BUREAU A88518

Name in Full: Indiana V. Cameron

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Lisbon — County: Carroll

Date of death 1904 — Month: 11 — Day: 1 — Age — Years: 46 — Months: — Days: 15

Sex: Female — Color or Race: White — Birthplace: Wolfe Green

Occupation: Housewife — Where Residing If not at place of death: Lisbon

Married, Single or Widowed: married — Name of Wife or Husband: Wife of Curtis Cameron

Father's Name: John Kirk — Father's Birthplace: Md.

Mother's Maiden Name: Margaret Worthington — Mother's Birthplace: Md.

Name of person giving Information: Geo. S. Dorsey — How related to deceased: not related

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diabetes Mellitus — How long: 4 months

Immediate: Diabetic Coma — How long: 48 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. Geo. S. Dorsey

Address: Lisbon Md.

Accident or Suicide? No

LIBRARY BUREAU A66516

Name in Full: John Feckley 4 Dish

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Providence — County: Lucas

Date of death 190 4 Nov — Day: 24 — Age: Years 1 yr — Months: 4 — Days:

Sex: Male — Color or Race: White — Birthplace: Providence

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Theodore Feckley — Father's Birthplace: Md

Mother's Maiden Name: Mary Hearn — Mother's Birthplace: Md

Name of person giving information: Theodore Feckley — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Whooping Cough — How long: 8 days

Immediate: Pneumonia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr W J Ford

Address: Lima Md

Accident or Suicide?

LIBRARY BUREAU A69516

Name in Full: John Fenton

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: New Fenton — County: Cecil

Date of death: 1904 — Month: Nov — Day: 5 — Age: Years: 5 — Months: 3 — Days:

Sex: Male — Color or Race: White (Irish) — Birthplace: Ireland

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Minnie C Rourke

Father's Name: John Fenton — Father's Birthplace: Ireland

Mother's Maiden Name: Mary Regan — Mother's Birthplace: Ireland

Name of person giving information: Ella Fenton — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

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Primary: Apoplexy — How long: 3 days

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: N. Carlton Mitchell M.D.

Address: Elkton Md.

~~Accident or~~ Suicide?

LIBRARY BUREAU A66816

Name in Full: William Ferguson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cecil Co. Almshouse; County: Cecil County

Date of death: Month: 1904 Nov.; Day: 21

Age: Years: 73; Months: ; Days:

Sex: Male

Color or Race: White

Birthplace: Maryland

Occupation: Farmer

Where Residing if not at place of death: Almshouse

Married, Single or Widowed: Married

Name of Wife or Husband: Do not know

Father's Name: Do not know

Father's Birthplace: Do not know

Mother's Maiden Name: Do not know

Mother's Birthplace: " " "

Name of person giving Information:

How related to deceased: " " "

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dementia

How long: Do not know

Immediate: Phthisis Pulmonalis

How long: 1 year

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Isaac F. Miller

Address: Physician to Almshouse North East, Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full

Certificate of Death

Cora Hollingsworth.

Died at Town Hamrick, County Cecil, MARYLAND

Date 1904 Month Nov. Day 3rd | Age Y. 13 M. - D. - | Native of Hamrick | Occupation School.

~~White~~ ~~Black~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband of —

Wife

Father's Name John Hollingsworth

Mother's Name Laura Hollingsworth

Cause of Death: Primary Phthisis Pulmonalis. | How long sick 1 year

Immediate —

~~Accident, Suicide, Homicide~~

Reported by Chas. A. Ritchie, M.D.

Address Middletown, Del.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Madison Greato May

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Port-Deposit — County: Cecil

Date of death: Month: Nov — Day: 16 — 1904

Age: Years: 2 — Months: 4 — Days: 6

Sex: female — Color or Race: Colored — Birthplace: Port-Deposit

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Henry May — Father's Birthplace: Maryland

Mother's Maiden Name: Irene Linda Garnish — Mother's Birthplace: Port Deposit

Name of person giving Information: Irene Linda May — How related to deceased: Mother

CAUSES OF DEATH

Primary: Broncho Pneumonia — How long: 6 days

Immediate: — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. C. Donahoe

Address: Port Deposit Md.

Accident or Suicide? No

LIBRARY BUREAU A88516

Name in Full: Edith R. Peterman — 3rd Dist.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Marley Mills — County: Cecil

Date of death: Month: Nov — Day: 10 — 1904 — Age: Years: 8 — Months: — Days: —

Sex: female — Color or Race: White — Birthplace: Maryland

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Robert J. Peterman — Father's Birthplace: Maryland

Mother's Maiden Name: Sarah M. Rase — Mother's Birthplace: Maryland

Name of person giving In formation: Robert J. Peterman — How related to deceased: Father

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CAUSES OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

Primary: Purpura Hemorrhagica — How long: 10 days.

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. Arthur Mitchell M.D.

Address: Elkton Md.

Accident or ~~Suicide~~?

LIBRARY BUREAU A88616

Name in Full: Annie Smithson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Woodlawn; County: Cecil

Date of death: Month: June; Day: 9th; 1904; Age: Years: 19; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace: Cecil Co

Occupation: —; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: Herman Smithson; Father's Birthplace: Cecil Co

Mother's Maiden Name: Annie Williams; Mother's Birthplace: Cecil Co

Name of person giving information: Herman Smithson; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Bright's Disease; How long: 6 mo

Immediate: Exhaustion; How long: Short time

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. E. Clemmer

Address: Port Deposit

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full

Certificate of Death

Annie L. Templeton

Died at ~~Near~~ Town Earlville County Cecil MARYLAND

Date 1904 Month 11 Day 10 | Age Y. 34 M. 9 D. | Native of ~~Penna~~ | Occupation Farmer

~~Male~~ / Female | White / ~~Colored~~ | ~~Married~~ / Single / Widow / ~~Widower~~ / ~~Divorced~~ | Number of children living none

~~Husband~~ / Wife of Wm J. Templeton

Father's Name John Barnes | Mother's Name Lavinia Lechler

Cause of Death: Primary Continued Fever 10 days | How long sick 21 days

Immediate Hemmorage of Bowels

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Information given by Caroline Barnes

Reported by E. N. Crawford

Address Earlton 2nd

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Sarilla A Watson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Perryville; County: Cecil

Date of death: Month: Nov; Day: 7; 1904

Age: Years: 72; Months: —; Days: —

Sex: Female

Color or Race: White

Birthplace: Cecil Co

Occupation: —

Where Residing if not at place of death: —

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: Widowed

Name of Wife or Husband: Joseph Watson

Father's Name: Geo Grant

Father's Birthplace: Cecil Co

Mother's Maiden Name: Lebia Lowery

Mother's Birthplace: " "

Name of person giving Information: Mary Lentz

How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Stomach & Liver disease

How long: 2 or 3 yrs

Immediate: General debility

How long: 6 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R N Smith

Address: Havre de Grace Md

Accident or Suicide?

LIBRARY BUREAU ASSD16

Name in Full: Mary Wilson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Elkton; County: Cecil

Date of death	Month	Day	Years	Months	Days
1904	Nov.	26	Age 60	—	—

Sex: female | Color or Race: Ethiopian | Birthplace: Middletown, Del.

Occupation: wife of Perrin Wilson | Where Residing if not at place of death: Elkton

Married, ~~Single~~ or ~~Widowed~~ | Name of Wife or Husband: as above

TO BE ANSWERED BY NEAREST FRIEND

Father's Name	unknown	Father's Birthplace	unknown
Mother's Maiden Name	unknown	Mother's Birthplace	unknown
Name of person giving information	Perrin Wilson	How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Uterine Carcinoma	How long	about a year
Immediate	Exhaustion from Morphic Changes	How long	several months

Are the name, age, sex, color, date and place correctly given above? —

Signature of Physician: J. W. H. Jamar

Address: Elkton Md.

~~Accident or Suicide?~~ Never was called to see the case until 5 days before death - under care another Physician

LIBRARY BUREAU A88816